

July 23, 2019

Federal Communications Commission

445 12th Street, SW

Washington, DC 20554

Delivered via the Electronic Comment Filing System <https://www.fcc.gov/ecfs/>

Notice of Proposed Rulemaking In the Matter of Promoting Telehealth for Low-Income Consumers  
(Connected Care Pilot Program)  
WC Docket. No. 18-213

Dear FCC Commissioners,

The following is written on behalf of Arkansas' telemedicine network, UAMS e-Link, and the University of Arkansas for Medical Sciences (UAMS) in response to the Federal Communications Commission (FCC) Notice of Proposed Rulemaking "Promoting Telehealth for Low-Income Consumers, WC Docket. No. 18-213."

Ever since the FCC Rural Health Care Pilot was launched in 2007, the University of Arkansas for Medical Sciences has aligned its efforts with the FCC. The FCC, in fact, gave Arkansas the boost it needed to create its 900+ site, cross-institutional telehealth network that operates today, serving patients in every county of our rural state. The Rural Healthcare Connect Fund has also assisted in accelerating the adoption of telehealth in rural Arkansas, making necessary bandwidth affordable. The FCC has been instrumental in making a profound impact on Arkansas' citizens by bringing healthcare into their hometown hospitals, clinics, and medical centers. Clearly, upon the announcement of an FCC Connect Care Pilot Program, UAMS immediately saw new opportunities to expand its clinical and geographic reach in this new age of last mile technologies with the steadfast partnership and assistance of the FCC.

UAMS created and manages the infrastructure through which telemedicine and distance learning is safely conducted by Arkansas' healthcare providers and educators: the statewide telemedicine network, UAMS e-Link (formerly Arkansas e-Link). To establish this statewide network, UAMS aligned over 400 healthcare and higher education partners in the state, including health departments, community health centers, hospitals of all sizes, two- and four-year colleges, and a multitude of other healthcare and education facilities to deliver clinical care and medical education using secure, real-time video technology. The network has since grown and become an essential utility among its members, who have woven use of this technology into their everyday patient and student encounters, with examples ranging from telemental health consultations to tele-colposcopy screenings. UAMS is just one of many hospitals, clinics, and educational facilities delivering care and education over this network; however, UAMS organizes, manages, and sustains the network by ensuring each eligible site has access to secure, FCC-discounted broadband connectivity; telemedicine technical planning and training; telemedicine equipment; and 24/7 telemedicine technical support. Further, by acting as the network's consortium leader on the FCC Healthcare Connect Fund, UAMS is generating over \$4 million in cost savings for its statewide members, the vast majority of which serve rural, medically underserved areas without the means to afford the cost of broadband.

UAMS and e-Link value the opportunity to provide comments and observations to the FCC in support of its FCC Connected Care Pilot Program. Please see comments below, with numbering that correlates with Notice of Proposed Rulemaking sections:

**25.**

The FCC Connected Care Pilot Program appears to require applicants to deliver a clearly identified, proposed clinical service to a target audience benefiting from expanded broadband availability in which clinical outcomes will be tracked (i.e. a telemedicine pilot program). In respect to this program deliverable, UAMS e-Link leaders urge the FCC Commissioners to consider allowing funding requests for personnel performing program management and coordination of the proposed telemedicine pilot programs. After nearly 20 years of creating, launching, expanding, and maintaining telemedicine pilot programs, UAMS e-Link leaders recognize program management and coordination as essential costs in deploying or expanding at telemedicine pilot program. While the FCC postulates healthcare providers will participate regardless of the availability of these expenses, program management and coordination are directly associated with the launch, maintenance, and evaluation of a telemedicine pilot program. This quality differentiates the FCC Connected Care Pilot Program from its earlier FCC Rural Health Care Pilot Program, which did not require the launch of a specified clinical service or tracking of clinical outcomes related to creation or expansion of broadband. When delivery of a clinical care pilot program is added to the formula, program management and coordination is an essential key to arriving at the FCC Connected Care Pilot Program deliverables. As in Health Resources and Services Administration (HRSA) funding opportunities, the agency urges the applicant use insurance reimbursement to cover physician time whenever possible, rather than requesting those expenses from the funding opportunity. However, to our knowledge, HRSA has not offered a telemedicine pilot funding opportunity without support for program management and coordination. To this end, UAMS e-Link leaders respectfully request the FCC Commissioners reconsider the exclusion of the expenses from eligibility.

**26.**

UAMS e-Link leaders have intimate experience in creating, launching, expanding, and maintaining telemedicine pilot programs. End-user devices, connected care medical devices, and connected care mobile applications all are essential components to the success of any telemedicine pilot program, especially when such devices are aiding the engagement of rural, impoverished populations. If the FCC Connected Care Pilot Program seeks to launch clinical services through new and expanded broadband opportunities, funding these devices enable the rural end user to medically benefit. When the burden to afford this equipment or seek outside funding to secure such devices is placed on the applicant, there is no guarantee the devices can be procured. In turn, the new broadband opportunities afforded through the FCC Connected Care Pilot will lay dormant until such devices become available, which could be months, years, or never. Building a telemedicine pilot program reliant on other federal funding opportunities or the applicant's ability to pay for the devices themselves creates an uncertain end for the FCC Connected Care Pilot Program. To better ensure the success of improving rural healthcare broadband opportunities and outcomes, the FCC Commissioners should carefully consider allowing applicants to apply for funding support to cover end-user devices, so rural residents can participate in telemedicine and other digital health offerings. The FCC, as other federal agencies have before them, could place a cap on the percent of the total funding request that can be dedicated to the procurement of end-user devices.

**66. – 67.**

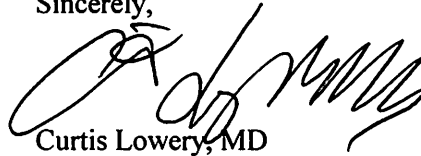
UAMS e-Link leaders also urge the FCC Commissioners to allow Healthcare Connect Fund program consortium leaders who have already completed a competitive bidding process and have selected contractors the right to waive an additional competitive bid process by deeming existing contracts evergreen. By allowing the FCC Connected Care Pilot to recognize these existing, vetted contracts as evergreen, selected awardees with an existing relationship with FCC and USAC will be poised to mobilize rapidly, optimizing the funding period impact and outcomes.

UAMS e-Link leaders would also like to offer comment on the timing of the FCC Connected Care Pilot Program Notice of Funding Opportunity or Request for Proposals. Considering many applicants will be

academic medical centers and/or universities, we respectfully ask the opportunity to be released at the beginning of calendar year 2020, rather than during the end of the fall 2019 semester, when the resources needed to assemble such a proposal are thin. Moreover, the holiday season makes securing partners, quotes, and letters of agreement and/or support difficult due to personal schedules and commitments during the holidays. Therefore, we urge the FCC Commissioners to give all applicants equal footing in maximizing the application window by reserving the release of the Notice of Funding Opportunity to the first quarter of 2020.

On behalf of the University of Arkansas for Medical Sciences and UAMS e-Link, we wish to extend our gratitude for this opportunity to offer our comments and insights in developing the FCC Connected Care Pilot Program. We hope to fully participate in such a program as the FCC moves forward.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Lowery', with a stylized flourish at the end.

Curtis Lowery, MD

*Director, UAMS Institute for Digital Health & Innovation  
University of Arkansas for Medical Sciences*